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AUG 03 2006 Atty Docket No. 015114-093900US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Yolanda L. Wilson

Group Art Unit 2113

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Yolanda L. Wilson**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Brian Johnson, Application No. 10/603,888, filed June 25, 2003 for I/O CONFIGURATION AND RECONFIGURATION TRIGGER THROUGH TESTING INTERFACE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form, PTO/SB/21 (1 page);
2. Petition for Extension of Time, PTO/SB/22 (1 page, in dup); and
3. Amendment (12 pages).

Number of pages being transmitted, including this page: -16-

Dated: August 3, 2006


Rosario G. Ysip

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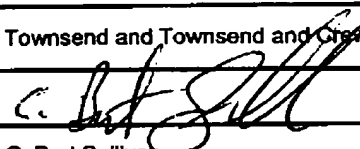
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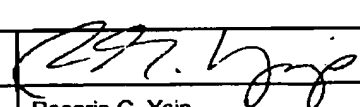
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/603,888
	Filing Date	June 25, 2003
	First Named Inventor	Johnson, Brian D.
	Art Unit	2113
	Examiner Name	Yolanda L. Wilson
	Attorney Docket Number	015114-093900US
Total Number of Pages In This Submission		-15-

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	C. Bart Sullivan		
Date	August 3, 2006	Reg. No.	41,516

CERTIFICATE OF TRANSMISSION/MAILING			
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